STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000391	A. BUILDING: _____ B. WING _____	07/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST PAUL HERMITAGE LLC	501 N 17TH AVE BEECH GROVE, IN 46107

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: June 25, 26, 27, 30, July 1 and 2, 2014. Facility number: 000391 Provider number: 15E247 AIM number: 100274990 Survey team: Marcy Smith, RN-TC Patti Allen, SW Dottie Plummer, RN (June 25, 26, 27, 30, July 2, 2014) Karyn Homan, RN (June 25, 30, July 1 and 2, 2014) Census bed type: NF: 46 Residential: 43 Total: 89 Census payor type: Medicaid: 28 Other: 61 Total: 89 Residential sample: 06 St. Paul Hermitage was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed on July 03, 2014; by Kimberly Perigo, RN.	R 000		